

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90293 049 ***150.00

DOCUMENT # P01000061353

1. Entity Name

THE LAW BOUTIQUE, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2840 Remington Green Circle

3. Mailing Address

13403 N. Meridian Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32308

Leon

Zip

Country

32312

Leon

4. FEI Number

59-3725932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Annelie Nystrand Baldwin

Street Address (P.O. Box Number is Not Acceptable)

13403 N. Meridian Road

City

Tallahassee

FL

Zip Code

32312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

Annelie Nystrand Baldwin

4/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE President
NAME Annelie Nystrand Baldwin
STREET ADDRESS 13403 N. Meridian Rd
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Annelie Nystrand Baldwin
STREET ADDRESS 13403 N. Meridian Rd
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Annelie Nystrand Baldwin
STREET ADDRESS 13403 N. Meridian Rd
CITY-ST-ZIP Tallahassee, FL 32312

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IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Annelie Nystrand Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002

Date

566-4826

Daytime Phone #